


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 007 ***150.00

DOCUMENT # F99000001011 1. Entity Name CARMEL FINANCIAL CORPORATION, INC.	
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Principal Place of Business 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032	Mailing Address 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032
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40000444



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1152804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SHEEHAN, THOMAS P 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV VAN HOOZER, SHARON 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEEHAN, TRACEY 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELSTROM, JOSEPH P 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas P Sheehan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-605